



Listing individuals here indicates they have direct supervision or control over tax matters. Attach list if needed.

Name (Last, First, Middle Initial)			
Social Security Number			Date of Birth (MM/DD/YYYY)
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Home Address			Title Begin Date (MM/DD/YYYY)
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City	State	Zip Code	County

Comments:		
<div></div>		
Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. This application must be signed by the owner, if the business is a sole proprietorship, or by an individual listed in the Partners section of this application. The signing party is acknowledging that they have direct supervision or control over tax matters.		
Signature	<div>No digital signatures allowed</div>	Title
		Date MM/DD/YYYY) ____/____/____
Typed or Printed Name		E-mail Address

Confidentiality of Tax Records
<p><a href="#">Missouri Statute 32.057, RSMo</a>, states that all tax records and information maintained by the Missouri Department of Revenue are confidential. The tax information can only be given to the owner or partner who is listed with us as such. If you wish to give an employee, attorney, or accountant access to your tax information, you must supply the Department with a power of attorney to grant the authority to release confidential information to them. Visit <a href="http://dor.mo.gov/forms">http://dor.mo.gov/forms</a> to obtain a Power of Attorney (<a href="#">Form 2827</a>).</p>

Form 2643S (Revised 11-2015)

Visit  
<http://dor.mo.gov/business/register/>  
for additional information.



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- Signature: The application must be signed by the owner, if the business is a sole proprietorship, or by an individual listed in the Partners section of this application. The signing party is acknowledging that they have direct supervision or control over tax matters.

